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Women's Views on the Challenges and Solutions in Preventing the Gendered Spread of HIV in Masxha, Cato Manor

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Masxha, Cato Manor

Paige McMahon

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Abstract

Despite numerous national prevention efforts, South Africa remains at the epicenter of the HIV/AIDS epidemic. The burden of the epidemic is extremely heterogeneous, with province, race, gender, age, and socioeconomic status serving as key variables in determining HIV prevalence rates. Black African women are disproportionately affected by the epidemic, with those between the ages of 20 and 34 having an HIV prevalence rate of 31.6%, the highest in the country (Shisana et al., 2014). The purpose of this study was to engage with black African women about the challenges they believe women face in protecting themselves against HIV, and potential solutions. Participants were recruited from Masxha, Cato Manor, located in KwaZulu-Natal. Interviews were conducted in order to allow participants to describe their opinions on the topic. This study was grounded in the culture-centered approach (CCA), which is a health communication model that emphasizes the importance of having members from a community at the center of defining important problems and developing solutions. The prevention challenges and solutions identified by the women were compared with current prevention programs, policy, and existing research. While some commonalities existed, it is clear that the challenges and solutions expressed by participants were not fully addressed. Ultimately, this study showed that there is a great need for more community engagement in the battle against HIV.

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Acronyms

AIDS: Acquired Immune Deficiency Syndrome

CCA: Community-centered approach

HIV: Human Immunodeficiency Virus

KZN: KwaZulu-Natal

NSP: National Strategic Plan on HIV, STIs and TB: 2012-2016

PrEP: Pre-exposure prophylaxis

UKZN: University of KwaZulu-Natal

Introduction

Today, South Africa remains in the midst of the largest HIV epidemic in the world, with over 6.2 million people infected (Statistics South Africa, 2015). While South Africa has made great strides in combatting this epidemic, such as rolling out the world's largest ART program, the country still faces many challenges. One of these includes continual high rates of new infections, with approximately 340,000 people acquiring HIV in 2013 (UNAIDS, 2014). This indicates that HIV in South Africa exists as a pressing public health issue that must continue to be combatted.

One defining feature of South Africa's HIV epidemic is its heterogeneity. The variation in HIV prevalence across provinces, race, gender, and age means that some people bear the brunt of the burden more than others. Women between the ages of 15 and 49 consistently have a higher HIV prevalence rate than their male counterparts (UNAIDS, 2014). The most striking difference is in the 20-24 age group, where the HIV prevalence rate is 5.1% for males and 17.4% for females (Shisana et al., 2014). One group in particular that has been denoted as a key population due to their high prevalence rate are black African women between the ages of 20 and 34 (Shisana et al., 2014). There are many biological, social, and economic factors that put women at higher risk for HIV, such as their propensity for age-disparate relationships (Shisana et al., 2014). Importantly, these risk factors cannot be generalized, as women will face unique challenges depending on influences such as their culture and socioeconomic status.

At this point in time, prevention serves as the cornerstone in curbing high infections rates in women. Effort must be put into the continued creation and expansion of programs that will increase women's ability to protect themselves against HIV. South Africa has implemented many prevention strategies on a national level, such as various media campaigns, widespread condom distribution, and HIV counseling and treatment initiatives (SANAC, 2012). However,

even in the context of all these prevention programs, high incidence rates of HIV infection in women are still being reported (Karim et al., 2011). This shows that current prevention efforts are not sufficiently meeting the needs of women.

This study seeks to better understand the challenges that women face in protecting themselves against HIV, and potential solutions. The women interviewed for this study were all black, Zulu-speaking residents of Masxha, an area of the Cato Manor township located just outside Durban. The study was influenced by the culture-centered approach (CCA) method of health communication. The CCA encourages putting focus having members of a community discuss the problems most pertinent to them, and then be at the core of developing solutions (35). By engaging with the women, this study seeks to determine whether there are gaps between research initiatives and government policies regarding HIV prevention, and the needs of women in a Durban township. The ultimate goal of this project is to show the value in using a culture-centered approach to develop future HIV prevention strategies.

Context

This study was mainly conducted in Masxha, a predominantly working class, Zulu-speaking area of Cato Manor. Cato Manor is located approximately 10 km from the Durban city center and is home to approximately 93,000 residents (About Durban, 2011). Cato Manor has a complex history. In the 1950s and 1960s, the apartheid government forcibly removed its Indian and Black residents, leaving the area mostly empty for decades. In the early 1990s, the House of Delegates, which represented Indian South Africans, set aside houses for low-income Indian families in the Wiggins area (Maharaj, 2001). After being built, the houses remained vacant for a few months. During this time, on the evening of November 1, 1993, these houses were invaded mostly by residents of the neighboring Chesterville. The invaders were driven by housing shortages in Chesterville as well as beliefs that the housing policy was racist (Maharaj, 2001). Due to numerous factors, including the fact that the invasions took place during a period of political transition, the authorities never became involved.

In 1993, the Cato Manor Development Association (CMDA) was formed to tackle the extreme amounts of poverty in the area (Odendaal, 2014). CMDA successfully increased the infrastructure of the area, aiding in the development of clinics, school, sports fields, libraries, and community halls (Odendaal, 2014). Despite these successes, Cato Manor faces many challenges, including a high HIV/AIDS incidence (Odendaal, 2014).

The seven women interviewed for this study all live in Masxha, Cato Manor. They are all Zulu-speaking black Africans. This study was conducted in Masxha because its residents face several risk factors, including poverty and racism, that predispose people towards HIV infection. This paired together with an already high incidence of HIV/AIDS, not only in Cato Manor but in

the Durban area in general, made Masxha a good location to engage women with discussions about HIV.

Additionally, this study also involved interviews with two female professionals at the University of KwaZulu-Natal (UKZN). These women have a substantial amount of knowledge on the HIV disease profile in KZN, specifically Durban, and were chosen to participate in this study to provide additional viewpoints.

Literature Review

Over 30 years into the HIV/AIDS epidemic, South Africa continues to battle high incidence rates. Though the national prevalence rates of HIV have stabilized, the total number of people living with HIV has been growing at a rate of about 100,000 people per year (South African Government, 2011). The South African epidemic is notably heterogeneous, with location, race, gender, and socioeconomic status shaping HIV prevalence rates. This indicates that an appropriate response to the epidemic has to be tailored to specific populations, as a blanket approach will not effectively address the needs of such a diverse population.

Of the nine provinces in South Africa, KwaZulu-Natal has the highest HIV prevalence with approximately 16.9% of the population infected (Shisana et al., 2014). Additionally, eThekweni has an HIV prevalence rate of 14.5%, the highest in the country at the municipality level (Shisana et al., 2014). This suggests that further research must be done in KwaZulu-Natal in order to determine how to combat the factors contributing to its significant HIV epidemic.

The government's *National Strategic Plan for HIV/AIDS, STIs, and TB* lists several key populations who face a higher risk for either spreading or acquiring HIV than the general population (SANAC, 2012). Among these are young women between the ages of 15 and 24 and people with the lowest socioeconomic status. Research has shown that women are more vulnerable to HIV infection than men are for a variety of biological, social, and economic factors. For example, South Africa currently has high levels of sexual assault and partner violence, which both increase women's likelihood for HIV infection (SANAC, 2012). Black African females aged 20-34 are denoted as a key population by the *South African National HIV Prevalence, Incidence, and Behavior Survey* (SANHPIBS) because this group has an HIV prevalence rate of 31.6%, which is the highest in the country (Shisana et al., 2014). This

indicates that there are factors specific to this group that predispose them to HIV infection. Some of these factors include earlier sexual debut, multiple sexual partners, inconsistent condom use, and age-disparate relationships (SANAC, 2012). Current interventions largely aim to intensify prevention efforts with the goal of enacting behavior change (SANAC, 2012). Some of these interventions include increasing condom usage, encouraging partner reduction, and pre-exposure prophylaxis (PrEP) (SANAC, 2012). However, despite the multitude of prevention strategies targeted at this key population, HIV incidence rates are still high (Shisana et al., 2014). This suggests that there are gaps between strategies put forth by researchers and their actual implementation by the target population. For example, one study by Karim and others sought to find the incidence rates of HIV in rural and urban women living in KZN (2011). The researchers discovered that even in the context of promotion of safe sex practices, such as condom use, and other behavior changes, high incidence rates of HIV were still reported. This demonstrates that there is a gap between the interventions taking place and appropriate behavior changes. In other words, current interventions are not meeting women's needs.

One reason these gaps occur is because in the literature, findings are often generalized for the entire population. For example, in the SANHPIBS, condoms are discussed as a key prevention measure for HIV. The authors state that 399 million male condoms were distributed in order to reduce sexual transmission of HIV (Shisana et al., 2014). They rationalize this decision by citing a study that found a correlation between condom distribution and an increase in the rates of reported condom use at last sexual encounter. While this finding is promising, it is extremely general. It is impossible to deduce whether every racial, ethnic, age, and economic group responds positively to condom distribution. It may be that one group, such as black, Zulu-speaking men aged 20-24 are not more likely to use condoms even if they are freely distributed

and readily available. This would be an important finding, because it would likely have a large impact on the risk of HIV for their sexual partners. By making a sweeping generalization, many studies ignore specific characteristics of subpopulations. Since the HIV epidemic in South Africa is so heterogeneous, it is important that future research studies focus more on specific subpopulations instead of trying to generalize the population as a whole.

Currently, there is a dearth research regarding the use of the CCA to evaluate the HIV prevention needs of key populations in South Africa. More research must be done that focuses on speaking directly with members of a community and listening to their concerns and ideas. This will shed light on interventions that would be most feasible for specific populations.

Methodology

Culture-centered approach

The ultimate goal of this study was to speak with women living in a community affected by HIV in order to understand why women have a disproportionately higher risk for infection than men. Participants were asked about the biggest challenges women face in protecting themselves against HIV, and the solutions they believed would be most effective in combatting this. This study was conducted in Masxha, a residential neighborhood of Cato Manor, and was influenced by the culture-centered approach (CCA). The CCA is a health communication model that seeks to incorporate the voices of people from marginalized communities in dialogues about health (Dutta, 2007). It challenges standard health communication paradigms that view members of underserved communities as the subjects of health communication interventions that are employed by researchers (Dutta, 2008). Instead of researchers controlling the process of identifying problems and solutions within a community, the CCA emphasizes the importance of community members shaping the initiative. The community is thus at the center of decisions about which health issues should be prioritized and at the development of solutions (Dutta, 2007). This allows for the generation of alternative theories of health, because it allows often marginalized voices to be heard.

The questions asked to participants allowed the women to think critically about the risk factors they believe women face, and solutions that would be most appropriate. By following the CCA, greater insight into the elements shaping women's risk for HIV in Masxha could be unearthed.

Sampling Plan

The participants in this study included seven women between the ages of 20 and 49 who lived in Masxha, Cato Manor. All seven women identified as black, Zulu-speaking South Africans. Since the researcher has been living in the neighborhood, she has formed relationships with several women who served both as participants and recruiters. The women were thus recruited through convenience and snowball sampling measures. These methods were employed due to the improbability of conducting random sampling over such a short period of time.

Furthermore, two additional participants with extensive knowledge about the dynamics of the HIV epidemic in KZN were recruited. This was done by using the UKZN website to find appropriate participants, who were then contacted via email.

Data Collection

This study used in-depth one-on-one interviews to give women the opportunity to fully discuss their opinions (Appendix 1). Interviews were conducted at times and locations most convenient for the participants. This method best suited the study's goal of eliciting participants' views on challenges women face in protecting themselves about HIV, and potential solutions. Furthermore, interviews are a cornerstone of the CCA because they allow community members to engage in dialogues about a specific issue and have their voices heard (Dutta, 2007).

Data Analysis

Each of the interviews was transcribed onto a word document. Common patterns and themes that emerged from the interviews were aggregated. The comments made by the participants were compared with existing literature on the topic, namely policy documents such

as the NSP. This allowed for the identification of gaps between previous research on the topic of HIV prevention and the concerns expressed by participants in the study. Due to the small size of the sample, quantitative methods such as statistical analysis were not used.

Limitations and Biases

One key limitation in this study is rooted in the sampling plan. Since women were recruited through convenience and snowball sampling, the study is thus subject to sampling bias. Another limitation is the small sample size. Furthermore, the personal connection the researcher had with some of the participants may have influenced their answers to various questions. For example, they may have been uncomfortable answering questions they viewed as too personal. Finally, the researcher undoubtedly brought her own personal biases into the interviews. This most likely occurred subconsciously and affected the prioritization of the questions and the way they were phrased. For these reasons, the findings from this study cannot be generalized to Masxha. Instead, they should be viewed as an entry point into the discussion surrounding women's perceptions of HIV prevention, and not a comprehensive evaluation of the topic.

Ethics

This study received Local Review Board (LRB) approval by Word Learning before being initiated (Appendix 2). This study engaged participants in a dialogue about various challenges and solutions to dealing with the vulnerability of women towards HIV. The participants from Masxha are considered a vulnerable population. Since English was not the first language of any of the participants, care was taken to ensure that they fully comprehended the purpose of the study and gave their informed consent before any interviews were conducted (Appendix 3). In all cases, the informed consent form was read to participants, and after each statement they were asked if they understood its implications. Participants then either gave verbal consent or written consent. All participants were over 18 and competent to provide consent.

This form informed participants that their statements would be kept anonymous by the researcher. Names were not attached to any of the interviews, and no unique identifiers were used. The privacy of participants was further upheld by conducting interviews in private locations, such as their houses, where no one would see them being interviewed.

Participants were informed that their statements would be recorded so that they could later be transcribed and analyzed. They were told that these recordings would be completely confidential, and that no names or identifying information would be attached to them. Furthermore, no one would have access to them besides the researcher.

Participants were told before the interviews that they did not have to answer questions they found uncomfortable. Furthermore, they were informed that they could end the interview at any time without any repercussions. They also were told that they could redact their statements up until April 30th, 2016.

No gifts or payment were given to participants for taking place in the study. This served to ensure that coercion did not take place. Because the researcher had developed a personal connection with some of the study participants, it is possible they felt pressured to take part in the study. Attempts to minimize this were taken, such as by ensuring potential participants that they could decline participating with no repercussions.

Participants did not risk any stress or harm by partaking in the study. Though the study dealt with sensitive topics, such as sexuality, no personal questions were asked. This study hoped to benefit participants by engaging them in discussions about a prevalent public health issue in their community. By sparking dialogue, it is possible that participants felt empowered to enact a behavior change or learn more about the topic. For example, interviews conducted may have encouraged participants with children to speak with them about HIV prevention.

All participants in the study were offered to see the final results of the study. Additionally, they were informed before interviews that the final study would be accessible online for the general public.

Findings

In Masxha, seven women between the ages of 20 and 48 were interviewed individually and asked to express their opinions on the state of the HIV epidemic in their community, and potential solutions to the issue. In order to obtain a fuller picture of the epidemic, two professionals at UKZN were also consulted. These two women have extensive experience studying HIV disease patterns. These women will be referred to as “professionals” in this section in order to give a clearer sense of whether an opinion is coming from a resident of Masxha or specialist at UKZN. Importantly, these results are not generalizable to Masxha, but instead should be used as an entry point into the rich amount of opinions and suggestions women in the area have. During each of the interviews, necessary demographic information was collected (Table 1).

Table 1. Relevant demographic information of participants is shown.

Participant Number	Demographic information
1	Masxha resident, 39 years old, female, Zulu-speaking black African.
2	Masxha resident, 48 years old, female, Zulu-speaking black African.
3	Masxha resident, 30 years old, female, Zulu-speaking black African.
4	Masxha resident, 20 years old, female, Zulu-speaking black African.
5	Masxha resident, 26 years old, female, Zulu-speaking black African.
6	Masxha resident, 22 years old, female, Zulu-speaking black African.
7	Masxha resident, 23 years old, female, Zulu-speaking black African.
8	UKZN HIV/AIDS researcher, female, Zulu-speaking black African.
9	UKZN HIV/AIDS researcher, female, Zulu-speaking black African

State of epidemic

All of the women residing in Masxha believed that HIV was an important issue in their community. Furthermore, all of the women interviewed emphasized that the main driver behind the spread of HIV/AIDS was unprotected sex. Though some of them made reference to the possibility of contracting HIV through needle use or blood splatter, they conceded that unprotected sex eclipsed all alternatives. One woman explained:

“It is by sleeping together. I can’t say it is by helping a bleeding person. So I think it is a sexual way, if they don’t condomize or take other precautions.” (Participant 2)

The gendered nature of the epidemic

All women interviewed stated that they believed women to be more vulnerable to HIV infection than men. The reasons for this varied amongst participants, but gender roles and power dynamics in relationships seemed to be the main one. Participants emphasized the power men have over women in dictating safe sex practices. Of the seven participants interviewed in Masxha, five mentioned how poverty exacerbates risky sexual behavior amongst women. One woman explained:

“A lot of women are from poverty, so they are trying to get something to support themselves. So the men will maybe come and tell them I can’t sleep with you if you are using condoms...because you are hungry or need something to buy, you find that you can fall to unprotected sex because of the situation you are facing, poverty.” (Participant 1)

Other participants discussed the difficulty women have in encouraging their male partner to get tested.

“Women will be more willing to want to get tested...and it is difficult to get the man to go, he will say things about how you don’t trust him and how he knows his status and all that...women don’t feel it is easy to make their partner go.” (Participant 7)

The two professionals interviewed also stressed gender dynamics as one of the reasons that women are more vulnerable to HIV infection. One elaborated on the way that women are put at risk:

“I think that women so far are not empowered enough to control their sexual reproduction...including how they practice their sexual intercourse...if their man doesn't want to use a condom, the woman will allow the man not to use a condom...even if the woman feels uncomfortable...and if the man refuses to test, they won't know their status but at the same time will refuse to use condoms, and the woman, because she is not empowered enough to stand for her own rights, will end up putting herself at risk for HIV.” (Participant 8)

Both professionals also discussed the role of culture in townships around Durban as affecting transmission dynamics. They described the patriarchal nature of Zulu culture in which a woman is expected to listen to a man. One participant described:

“Women are supposed to be submissive, men are dominant, you listen to what the man says. If he prefers unsafe sex practices, then that is what you have to do as a woman. There is no platform for you to argue with that, you just go along with that, so cultural factors come into play a lot.” (Participant 9)

Perceptions of biomedical prevention solutions

Four biomedical prevention techniques were discussed with the participants. These included male and female condoms, microbicide gels, and PrEP. The women in Masxha believed condoms to be an important source of protection against HIV, but explained that many people did not use them. As mentioned previously, some of the participants described the difficulty for women to negotiate condom use with their partners. One participant described the rationale behind not using condoms during intercourse:

“They say many things about condoms. Some men say they don't feel you. Or sometimes people say condoms give rashes. Sometimes they say they don't feel comfortable with it.” (Participant 6)

The women interviewed also touched on the topic of trust in a relationship. Some of the women in Masxha credited this as one of the reasons people in relationships would be unlikely to use condoms. In these instances, being fully committed to someone meant trusting them enough to believe that they did not have HIV, or other diseases. When speaking about the lack of condom use in townships, one of the professionals explained:

I think when people start with relationships they start with condoms, and in one month or three months down the line they stop and trust each other...they stop using condoms. It's about pressure from partners saying, 'you don't trust me anymore? You must stop using condoms because you know me by now, you should trust me.'" (Participant 8)

Along this line, three of the women interviewed in Masxha explained that men become suspicious of women if they request to start using condoms, as they take it as a sign that the woman has been unfaithful. One woman explained:

"It is not easy to ask your man to use a condom because he will ask you many questions and he will not trust you. And he will think that you are cheating on him." (Participant 3)

Women were asked to comment on the government condom brand, Choice, that is available for free at places such as clinics. A few women stated that they did not know what people's opinions on these condoms were. However, some of the women were very vocal in describing the problems with these condoms. Three of the participants in Masxha stated that they had heard the government condoms were of poor quality, with one describing:

"Some they said government condoms cause rashes for both men and women. They prefer to buy them. The government condom...I don't know how it breaks, but it breaks easier, and men become tired so soon when using these condoms. The government should improve the condoms, it must put out better condoms. People, they don't like Choice." (Participant 7)

When asked about the quality of government condoms, one of the professionals vetoed the belief that the condoms were of substandard quality, stating:

“I don’t believe that they break easily...I think it is an excuse for people who are not using condoms. And actually I heard from townships that the guys will make a hole in the condom to pretend as if it broke...as if he wanted to use condoms but it broke.” (Participant 8)

Another woman in Masxha described the social factors that may deter a man from using Choice condoms. She explained:

“Some do use them but for a man it is...embarrassing. They do use them but some just feel embarrassed to use them and all that because they say it is cheap and all that, so they’d rather just not use them.” (Participant 5)

All of the participants were asked about whether or not they believed female condoms to be a good prevention measure. The women in Masxha did not believe that female condoms were a good alternative to the male condom for women to protect themselves. Both professionals interviewed agreed that female condoms worked well when used correctly, but were a problematic prevention technique because of their stigma and the difficulty in using it. One participant explained:

“Female condoms are hard to talk about...a lot of people are not interested in them. They don’t like them...they look strange. You must find another way for women. They say it is hard to use female condoms...they are even ashamed to use them...there’s a...idea that you have a lot of sex if you use them.” (Participant 6).

Of all the women interviewed in Masxha, only one had heard of the microbicide gel, and one had heard of PrEP. The participant who was familiar with the microbicide expressed her concern with the product:

“Oh, it is not easy to use every time! It is not interesting every time to use the gel. I think they can maybe find another way. Like injection maybe it will take you 3 months, because when your gel is finished, maybe you are somewhere else, so you fall into unprotected sex.” (Participant 1).

Both professionals believed that vaginal microbicides were good alternatives to male condoms, and believed that it would be easier for a woman to protect herself with it when negotiating to use a condom is too difficult. However, one professional questioned the cultural acceptability of the product. She stated:

“They’re an excellent prevention technique but the issue goes back to culture: will they be accepted? Like the female condom, it works, it’s perfect, but no one’s using it. I think microbicides would face the same issue. No one would use it because culturally it is not acceptable...if there’s a stigma attached to it no one will use it...if there’s a problem of access in the clinics no one would use it.” (Participant 9).

Both women agreed that PrEP would also be a good alternative to condom use. When asked about how to teach women in townships about these options, one professional explained:

“Whatever implementation plan there is, it needs to be culturally sensitive and context specific. Issues that face women in townships are different than issues that face women in suburbs.” (Participant 9)

Perceptions of behavioral prevention solutions

The women interviewed were asked to comment on various behavioral approaches to HIV prevention, and whether or not they believed this to be effective in reducing the spread of HIV to women.

The women were asked to explain if they thought raising the age of sexual debut would be an effective way to protect young women from HIV. The results from this question were mixed, with three out of the eight women in Masxha stating they did not believe raising the age of sexual debut would help protect women from acquiring HIV. One participant explained her rationale, stating:

“I know a person who said they abstained for this long, but when I met my man, he was HIV positive and he didn’t tell me. He was my first man and now I have HIV...so I can’t say it is good to wait ‘til you are older.” (Participant 2)

The remainder of women believed that it was important to delay the onset of sexual intercourse due to reasons such as young girls not being able to have the ability to ensure their partner uses a condom. Both professionals echoed these beliefs, and saw delaying sexual debut as an important prevention approach.

Additionally, the participants were asked to discuss whether or not they thought reducing the number of partners women have at one time was important in preventing HIV. All ten participants believed that this was a crucial way to reduce the incidence of new infections. One participant made an important point, however, by discussing that limiting oneself to one partner was not enough to protect from infection:

“Sex is just sex no matter if you do it with one person or five people, sex is just sex and at the end of the day you need to protect yourself. You must make the decision to protect yourself at all times.” (Participant 5)

Finally, the participants were asked to comment on the sugar daddy phenomenon, and whether or not they saw this as a driver in the epidemic. All participants agreed that it was extremely problematic, and made women, especially young girls, vulnerable to infection. They attributed this to the power dynamics between the older man and younger woman. Some of the women in Masxha described how they thought women in their community were more susceptible to sugar daddies because of the many people with low socioeconomic status. One participant explained:

“They have their own way to smooth talk women, and when you’ve got money... women don’t care if he’s ugly...especially around here there are many girls who, you know, don’t have a lot...it is money that drives it...definitely.” (Participant 6)

The professionals also made it clear that socioeconomic status was not the only factor that persuaded women into relationships with sugar daddies. One participant explained:

“It’s common...it’s not even isolated to people in townships, it’s everywhere. And it’s not even a matter of socioeconomic status because some girls do it for extravagant gifts.” (Participant 9)

Opinions on most effective strategies to combat the epidemic

The foundation of this study involved listening to women describe solutions they believed would help curb the spread of the epidemic, and more specifically prevent women from acquiring HIV. Both women from Masxha and those from UKZN offered various approaches they believed would be most effective in Cato Manor.

One major issue that women believed needed to be addressed was poverty. Multiple participants saw poverty as the main driver of HIV in women, and believed that reducing the rates of poverty would be essential in preventing them from acquiring HIV. The participants offered various solutions to this, mostly focusing on the importance of programs that help poor women find full-time jobs. One participant explained the ability of a full-time job in freeing a woman from a relationship where a man insists on unprotected sex:

“The thing that makes a woman infected with HIV is that they don’t have a stable work, and their job that they’ve got, maybe they’re only working 2 days per week...that is a little money and is not enough to support your family. That makes you more likely to put yourself with a man who might help you with money...but if you had a job working all the time...that wouldn’t happen.” (Participant 6)

Several of the participants spoke about faith based approaches as a prevention intervention they believed would be successful in Masxha. One participant said:

“At church... God is a big deal to a lot of people here. Lots of people go and so it is a good place to have a program, to talk to people...I think that would be best. Because they listen there.” (Participant 7)

Both of the professionals interviewed also explained that many people in townships are religious, and that this would therefore be a potential avenue to implement discussions or

prevention programs regarding HIV prevention. One participant explained why involving religion would be appropriate:

“I would use faith based methods, that’s what I would use, because that’s one thing people believe in, they believe in God, they believe that he’s supreme, they believe that God has said it, then that’s it. So I would definitely use that to reach people.” (Participant 9)

Many of the participants believed that interventions need to address young women and adolescent girls. They stressed the need for comprehensive programs that truly engage young girls and encourage them to make good choices. Some of the participants expressed that educational programs were not enough to protect young girls, as most people already know how to prevent HIV. They stated that the programs need to focus on empowering young girls to actually protect themselves in the situation. One woman explained:

“I think enough education has been done. Even a 10-year-old knows that if I’m having unprotected sex there are three things I can get...pregnant, STIs, HIV/AIDS. Maybe I’ll empower women that it’s okay to fight for rights and to say no to unprotected sex. With that gender equality thing they will know that, hello, I am no different than you, you and I are equal, there is no need for you to treat me as an object where you are the subject, so let’s use a condom at all times...I would empower women then women wouldn’t feel inferior.” (Participant 5).

Additionally, one professional expressed the importance of keeping young girls in school for as long as possible. She explained that lack of education was an important underlying issue in HIV transmission dynamics, and therefore that encouraging young girls to graduate high school would be an effective approach:

“There are so many underlying issues...education, people, they come from very poor education systems where you find that someone has studied until standard 6 only and then they drop out...it would be possible to tackle the issue by making sure young women stay in school, because there is research that has been done that links someone’s education level to their status...they find that the more educated you are, the less likely you are to become HIV infected. I think there are initiatives that can be taken to keep young girls in school, maybe have incentive based strategies where you offer

scholarships to students, all those things, and make more opportunities for them.” (Participant 9).

Other participants expressed the importance of having a dialogue with girls about the challenges they face in protecting themselves. Instead of teaching them preventive measures, they believed the focus should be on listening to girls discuss the causes of their behavior and respond to their concerns. One participant explained:

“If our strategy is to work we need to get information from the people we are dealing with. You cannot just impose something that we think...we should engage with them and have a feedback. We must ask, ‘how do you think? What is the problem? What hinders you not to do ABC? What are the causes? Why can’t you use a condom consistently?’” (Participant 8)

One participant found that the current programs about HIV/AIDS in local schools were not sufficient, and explained that in order for them to be more effective, they had to be more informative:

“You know around here in the schools they do stuff...but I think they can do more training of the kids from school...do more programs. They need to be more interesting, because they won’t listen if it isn’t...they should have visitors do sessions...people who know more about what they are talking about. (Participant 1).

Some of the participants also expressed the need for greater parental involvement. Three of the women in Masxha believed that mothers should be speaking to their daughters about safe sex practices, but admitted that sometimes this was hard to do. One participant explained:

“You find that lots of girls will listen well to their mothers...but some things the mother, she won’t want to talk to her daughter about...sometimes sex is hard to talk about...but I think they should, that would be a good thing to do.” (Participant 7).

One professional expressed the importance of combatting the underlying issues that predispose people to HIV/AIDS. She explained the importance of this over relying on

biomedical interventions, and suggested the need to better involve people in the community in decision making about potential interventions. She stated:

“There are solutions. I would personally think that researchers need to go into the communities, find out what the real issues are, and then work with women and men on how these problems can be solved. I don’t think that introducing a new product, any biomedical product, can serve as the solution. It’s almost as if people need to be not only educated but also what I call character building. People need to be engaged, we need to understand the real underlying issues...researchers go into communities with the idea of wanting to impose ideas on people, what they need to do is work with the people to come up with solutions, and get suggestions from them.” (Participant 9).

Finally, multiple participants also addressed the issue of people not knowing their HIV status as problematic. As mentioned before, participants expressed that it was often difficult for women to ask their male partner to get tested for HIV. One participant came up with a solution to this by having healthcare professionals come into the community and offer testing. She stated:

“Well I think that they are afraid to ask their partner to go in for testing...so maybe there should be ways that men get tested where it is not the woman who must ask...maybe people from clinics can come here...they can come and so they can get the men to be tested because they will be better at convincing them.” (Participant 4).

Discussion

These findings give insight into the challenges participants believe women face in protecting themselves from HIV, and the solutions to this issue. Since only seven women between the ages of 20 and 49 were interviewed, it is impossible to make generalizations about the entire neighborhood. However, the results do give insight into which strategies would be most effective in preventing the spread of HIV to girls, and which interventions either need to be reevaluated or made more accessible.

Opinions Regarding the State of the Epidemic

The participants interviewed all believed that HIV was an important issue, with those living in Masxha specifically speaking on behalf of their community. Their beliefs echo statistics that show KZN is the province with the highest HIV prevalence with approximately 16.9% of the population infected (Shisana et al., 2014). Additionally, the eThekweni Metropolitan Municipality, where Cato Manor is located, has an HIV prevalence rate of 14.5%. the highest in the country at the municipality level (Shisana et al., 2014). Furthermore, black Africans are disproportionately affected by HIV as compared to other racial groups. As of 2012, black Africans had an HIV prevalence rate of 15%, as compared to 0.3% for whites, 3.1% for Coloureds, and 0.8% for Indians (Shisana et al., 2014). Cato Manor specifically has been described as having a high HIV incidence (Odendaal, 2014). These statistics indicate that participants' view of HIV as a serious problem in their community is accurate. This is also important for the implementation of any HIV prevention programs, as it suggests that residents of Masxha would be willing to participate in them since they see HIV as an important issue.

All participants viewed unprotected sex as the main driver of HIV. This correlates with previous studies that have shown HIV transmission to women to be primarily caused by heterosexual sex (Ramjee & Daniels, 2013). This illustrates that Masxha most likely follows the same transmission dynamics as those being reported on a larger level.

Social, economic, and behavioral factors that put women at risk and potential solutions

All women interviewed believed that women were more vulnerable to HIV infection than men. This demonstrates their knowledge of the gendered epidemic. In South Africa, women have a higher burden of disease than men. For sexually active individuals, women consistently have higher rates of HIV prevalence than their male counterparts. The most striking difference is in the 20-24 age group, where the HIV prevalence rate is 5.1% for males and 17.4% for females (Shisana et al., 2014). Additionally, black African women between the ages of 20 and 34 have the highest HIV prevalence rate in the country at 31.6% (Shisana et al., 2014).

Power dynamics in relationships

When asked specifically about why women were more susceptible to infection, many participants spoke about the power dynamics in relationships, with men typically having control over sexual decisions. This corroborates previous research findings in KZN. For example, in his study on relationships between young people in KZN, Varga found that men often controlled the relationship dynamic, and young women were resultantly powerless when their desires conflicted with those of their partner (1997). The professionals interviewed discussed how Zulu culture is patriarchal and therefore men are expected to control sexual decisions. One study in a semi-rural area of KZN found that men were socialized into a patriarchal framework that championed

unequal gender relations (Petersen et al., 2005). Additionally, the NSP discusses high rates of gender based violence in South Africa, which includes sexual assault.

These findings are problematic, as research has shown that there is a significant association between intimate partner violence and gender unequal relationships with HIV infections in women (Dunkle et al., 2004; Jewkes et al., 2010). This is perhaps due to the association between lack of sexual power and inconsistent condom use (Pettifor et al., 2004).

These findings suggest that interventions in Cato Manor need to be aimed at increasing women's ability to negotiate safe sex practices in relationships. This indicates that there need to be more initiatives that target men in order to change their behavior. There needs to be more outreach done to target males and encourage them to use condoms. The first strategic objective of the NSP involves implementing interventions that will address gender norms and gender based violence by "both primary and secondary prevention, and scaling-up social change communication programmes dealing with gender stereotypes and harmful norms" (SANAC, 2012, p. 35). This objective uses vague terminology and does not specifically describe the programs or tactics that will be used to combat it. It would be beneficial for future NSPs to include a more well developed plan that includes previous research findings on the topic.

Additionally, some participants spoke about the difficulty women face in asking their male partner to get tested for HIV. First, this points to the general problem of people being unaware of their HIV status. According to UNAIDS, 19 million out of the 35 million people living with HIV/AIDS do not know their status (2014). Furthermore, men are less likely to get tested than women. According to the NSP, during the 2010-2011 national HIV counseling and testing (HCT) campaign, men accounted for only 30% of people getting tested (SANAC, 2012). The difficulty women face in having their male partner tested is likely due to the unequal power

dynamics in relationships. One way to increase the number of men getting tested would be through outreach programs. Although there is a clinic nearby Masxha that offers HIV testing services, one participant stressed the benefit of bringing healthcare professionals into the community to test people directly. In a study done in Kenya, researchers examined the effectiveness of adding a mobile HCT program in addition to a stand alone site (Grabbe et al., 2010). The study found that the mobile HCT site was more cost-effective and better able to reach key populations than the stand-alone site (Grabbe et al., 2010). It may also be beneficial for healthcare providers operating mobile HCT sites to distribute informative pamphlets and encourage local men to be tested. Under sub-objective 2.1, the NSP describes the importance for mobile HCT services, though these are lacking in Masxha (SANAC, 2012).

Furthermore, participants' explanations of the power dynamics in relationships point to the need to continue researching products that women can discreetly use to protect themselves against HIV. While it would be optimal to transform gender roles so that women feel empowered to ask their partner to use a condom, this is unrealistic for every situation.

Women in Poverty

Participants also discussed poverty as a reason women were susceptible to HIV, as it enhanced the likelihood of their entering into relationships with men who have full control over sexual practices. Research findings have shown this to be true, with economically dependent women and girls more likely to end up in situations where they cannot control sexual decisions (Exner et al., 2003). Since the vast majority of participants in Masxha emphasized the role that poverty plays in putting women in risky situations, this suggests that interventions should be targeted at this underlying issue.

Participants also identified poverty as a key driver in adolescent girls entering into relationships with sugar daddies, a form of transactional sex. According to participants, this is an important issue in their neighborhood because many young girls have a low socioeconomic status. Studies have shown that there is a link between poverty and the likelihood of women having a sugar daddy (Zembe et al., 2013). Additionally, encounters between young women and their sugar daddies are often risky (Zembe et al., 2013). For girls that are underage, there should be more of a crackdown by the government on these practices.

As suggested by multiple participants, programs that help secure women full-time jobs should be enacted in Masxha. There has been a variety of research that has shown microfinance programs to be effective in economically empowering women and subsequently reducing their HIV prevalence. These programs can give opportunities to women who often do not have the educational credentials to secure a stable and well paying job. They work by giving women loans and business skills (Dworkin & Blankenship, 2009). Although there have been few integrated microfinance and HIV programs, one promising pilot study called IMAGE occurred in Limpopo, South Africa. It combined education about HIV, gender equity, and non-violence with a microfinance program (Dworkin & Blankenship, 2009). The researchers resultantly found that participants reported a 55% decrease in domestic violence, were less likely to have unprotected sex, and were more likely to seek voluntary counseling and testing (Dworkin & Blankenship, 2009). The success from this study suggests that other programs following this model should be implemented within South Africa. The NSP does not currently mention microfinance programs as one of its strategic objectives in curtailing new infections.

Currently, in South Africa, the Expanded Public Works Program (EPWP) is highlighted by the NSP as a way of providing more jobs. The NSP describes the need for more programs that

will provide job opportunities for people at risk for HIV infection (SANAC, 2012). This should be a high priority for the government.

Evaluations of governmental biomedical prevention interventions

Participants were asked to discuss four biomedical prevention interventions: male condoms, female condoms, microbicides, and PrEP.

Male condoms

Participants highlighted the difficulty women had in asking their partner to use a condom. They mainly attributed this to two factors, the first being that men sometimes complain about the way a condom feels. Second, participants explained the phenomenon of not using condoms in a relationship as a symbol of trust. Resultantly, asking a male partner to use a condom would raise suspicions of infidelity. Studies have shown that rates of condom use drastically decline once people enter into a stable partnership (Beksinka et al., 2012). However, there have been few studies to look into the cultural acceptability of condom use amongst different groups. More research needs to be done that further unearths why men living in townships around Durban may find condom use unacceptable. The participants' observations that men often don't want to use condoms mirror national trends in South Africa, with statistics showing that in 2012, only 36.2% of South Africans reported using a condom the last time they had sex (Ashmore, J. & Henwood, R., 2015).

Participants also discussed government condoms. All participants had heard negative connotations about government condoms. Some of the complaints the participants described included the condoms being poor quality, smelling like latex, drying out easily, and breaking

easily. While one of the professionals disputed the claim that they broke easily, all participants were in agreement that the condoms should be improved. While the NSP discusses the importance of increasing access to condoms, it does not mention the need to improve their structure. In order to raise the rates of condom usage, it would likely be more effective to make the condoms more appealing than simply increasing their distribution. One study found that at a youth clinic, flavored condoms proved to be much more popular than unflavored options, including standard Choice condoms (Ashmore, J. & Henwood, R., 2015). South Africa has recently launched a new variety of Choice condoms that are grape flavored in an attempt to increase their usage. However, as of now these condoms are mainly limited to students at universities, and are not accessible to people living in townships. The government should continue doing research on different flavors or textures to add to condoms that will increase their appeal. Additionally, it should develop different sized condoms, so that men can find a size that fits them correctly and is more comfortable to use. The government should then work to ensure that new and improved condoms are widely accessible to people living in areas such as townships.

However, participants did say that some men are willing to use condoms, even Choice. Since condoms are one of the most cost-effective and successful ways to prevent HIV, the government should continue efforts to ensure their distribution.

Female condoms

All participants described issues with female condoms. These were rooted in its unappealing structure, difficulty to use, negative connotations, and partner disapproval. Negative

connotations included that women who carried around and used female condoms were more promiscuous. All participants strongly favored male condoms over female condoms.

These negative perceptions have been corroborated in previous studies, though there is a lack of research on the topic of female condom acceptability in South Africa. One study from 2001 found that in South Africa, health care providers held negative opinions toward the female condom because of its appearance and their belief that it could reduce sexual pleasure (Mantell et al.). Another study on the acceptability of female condoms found that a major deterrent to their use was partner disapproval (Beksinska et al., 2001). This shows that even when using a female condom, men are predominantly in control of sexual decisions.

Notably, the NSP states that “it is also good to note that there is an increase in the number of both male and female condoms being distributed nationally” (SANAC, 2012, p. 8). This statement is problematic because it does not address whether or not the condoms distributed, particularly the female condoms, are actually being used. The acceptability of female condoms is likely variable amongst different groups of women, and should be addressed. The government should listen to women’s critiques of the female condom.

Microbicides and PrEP

Of all the participants in Masxha, only one woman had heard of microbicides, and another woman had heard of PrEP. While a highly effective vaginal microbicide is still under development, it is important to know whether or not the future product will be culturally acceptable. The professionals stressed this point, and one used the female condom as an analogy to a product that is successful at the technical level but not the cultural one. The participant in Masxha that was familiar with the product expressed concern over the frequency that it had to be

used, suggesting a difficulty to adhere to something that must be used before and after each episode of sexual intercourse. Studies have shown that lack of adherence serve as a barrier to the success of these interventions (Ramjee & Daniels, 2013). Her preference for a product that would last multiple months highlights the potential for greater success in products such as long lasting vaginal rings. More research should be done to assess the attitudes of women in different communities towards these products, as it is important to ascertain whether or not they would actually be used.

Similarly, more research should be done to assess the attitudes of women towards PrEP. None of the participants in Masxha were familiar with the prevention technique. Since both professionals interviewed mentioned it as a beneficial prevention strategy, this suggests that there is a likelihood that women would be inclined to use it if they feel like they are often at risk for unprotected sex. In addition to the microbicides, South Africa needs to do more research on women's attitudes toward these potential biomedical interventions.

It is problematic that most of the participants interviewed had no knowledge of microbicides or PrEP, especially in a context where condom use is difficult to negotiate. This points to a need for more outreach programs that serve to educate members of Masxha about all forms of prevention options.

Further suggestions for successful prevention interventions

In addition to potential successful prevention interventions already described, participants had multiple ideas about programs that would be most beneficial in Masxha.

Faith-based programs

Multiple participants discussed faith-based prevention programs as the most successful option for their community. They attributed this to the religiosity of the people living in the community, and their greater likelihood to listen to prevention messages that either come from religious leaders or invoke God.

In one literature review from 2013, researchers discuss the potential for faith-based organizations to play a key role in HIV prevention (Mash & Mash, 2013). However, the researchers note that there is very limited data on this subject in an African context, and more research must be done to measure the effectiveness of this approach (Mash & Mash, 2013).

The NSP notes that the faith-based sector would be a good place to implement prevention programs because of its extensive infrastructure (SANAC, 2012). The findings from this study suggest that more work should be done to determine if this would be a good place to implement prevention methods.

Programs involving schools

One of the professionals interviewed brought up the importance of ensuring girls stay in school until completion of matric. The NSP describes the importance of education in reducing the vulnerability of girls to HIV infection (SANAC, 2012). She described the use of incentives such as scholarships and bursaries to encourage girls to complete school. In a low income setting, such as a township, this idea has the potential to be influential. In one 2014 study based in Kenya, researchers found a correlation between education subsidies and a reduction in the number of girls who drop out of school (Duflo et al.). Other participants stressed the need for more comprehensive prevention programs in schools.

The Need for a Contextual Targeted Approach

Ultimately, these findings highlight how HIV risk is extremely variable and context specific. South Africa contains many populations that are at heightened risk for HIV, and there is not one approach, or even combination of approaches, that will be equally successful for all of them. The prevention techniques highlighted by the participants in this study are specific to this community.

When comparing the needs of the women in Masxha with the NSP, there are key gaps that must be addressed. As explained by the professionals interviewed, more research has to be done where members of community are able to voice their concerns, and then the appropriate responses are compiled. Moving forward, South Africa must shy away from using a blanket approach in its policy.

Conclusions

The purpose of this study was to engage female residents in Masxha in discussions about the challenges women face in protecting themselves from HIV infection, and potential solutions. Seven of the participants were Zulu-speaking, black African women between the ages of 20 and 49. Two of the participants were professionals at UKZN with extensive experience studying HIV/AIDS in KZN.

The conversations with participants shed insight into their unique perceptions of the epidemic. All participants believed that HIV was an important issue in their community, driven mainly by unprotected sex, and that women were more vulnerable to infection. When asked about why women were more susceptible to HIV, participants attributed gender roles that place sexual decision making in control of the male and poverty as the main reasons. Participants viewed poverty as exacerbating gender roles, since an economically dependent woman does not have as much negotiating power in a relationship. Women also noted the general difficulty in asking a man to use a condom, especially in long-term relationships, as well asking a man to get tested.

Women were also asked to comment on four biomedical prevention interventions: male condoms, female condoms, microbicides, and PrEP. Women described the general reluctance of men to use a male condom, but ultimately viewed this as the most effective strategy in HIV prevention. Notably, women discussed the negative connotations surrounding the government condom brand, Choice. The participants also viewed the female condom unfavorably, citing reasons such as its strange structure and the difficulty of using it. Knowledge about microbicides and PrEP was extremely limited in the participants' from Masxha, though both professionals saw them as viable prevention methods.

Women were also asked to comment on behavioral drivers of the epidemic. The participants mostly favored the delaying of sexual debut and reduction of concurrent partners as important steps in preventing HIV infections. Additionally, they viewed transactional sexual relationships, namely sugar daddies, as a serious issue that made young women vulnerable to HIV.

Participants brainstormed solutions for dealing with the challenges previously described. In order to combat poverty, multiple participants stressed the importance of developing programs that assist women in finding full-time employment. These participants believed there was a causal relationship between poverty and HIV, as poor women are likely to enter into relationships with men in order to help sustain themselves, and are resultantly vulnerable to risky sexual behaviors. Participants viewed workshops that emphasized female empowerment as important in order to combat gender roles. They believed these to be beneficial for both men and women. Mobile HCT centers were cited by one participant as an important solution to increase the rates of men who test for HIV. Additionally, multiple participants cited faith-based interventions as likely to have a great amount of success in preventing HIV infections in women due to the religiosity of many people living in Masxha. Participants also believed that conversations about HIV prevention and sex should be increased between mothers and daughters and at schools. Direct dialogues with girls about the challenges they face in preventing HIV were also cited as important. Finally, one professional believed that bursaries and incentives for young girls to stay in school were a crucial aspect of HIV prevention.

Many of the challenges and solutions participants discussed have not been adequately addressed in previous studies or policies such as the NSP. For example, limited data exists on microfinance programs that could be a beneficial way of alleviating poverty. Furthermore, many

of the interventions favored by the participants, such as faith-based programs, are mentioned in the NSP but in actuality are not present in Masxha.

The findings from this study suggest that adequately combatting the gendered HIV epidemic in Masxha will require an approach that is context specific. It must address key factors of the community, such as the high levels of poverty, religiosity, and Zulu culture.

Recommendations for Further Study

Moving forward, South Africa should abandon a blanket approach to HIV prevention. With such a diverse population and heterogeneous disease profile, the most effective way to reduce the rates of new infections will include context specific prevention interventions. In order to develop the most beneficial HIV prevention techniques for specific populations, more research must be done that follows the CCA. This will allow the major challenges certain populations and communities face to be best addressed. Engaging with members from communities, especially marginalized ones, will allow for the development of solutions that are feasible and culturally appropriate. The solutions developed by community members should be prioritized by researchers and further explored. For example, in this study, the mention of a mobile HCT site could spark a research project that measures the success of this initiative. This will community members to have a bigger say in research conducted about their community, and will ensure that the most beneficial work is being done.

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7. Anonymous, Masxha resident, 23 years old, female, Zulu-speaking black African. Interview: April 18th, 2016.
8. Anonymous, UKZN HIV/AIDS researcher, female, Zulu-speaking black African. Interview: April 19th, 2016.
9. Anonymous, UKZN HIV/AIDS researcher, female, Zulu-speaking black African. Interview: April 21st, 2016.

Appendices

Appendix 1: General questions asked to participants

1. What is your age?
2. Do you think HIV is an important issue in KwaMasxha?
 - a. Why do you think this is?
3. What are the most common ways HIV is spread between people in the community?
4. Do you think women are at greater risk for getting HIV than men?
5. What do you think puts women specifically at risk for getting HIV in KwaMasxha?
6. What do you think a solution to this problem is?
7. Do you think most people use condoms when they have sex?
 - a. Why/why not?
8. Can you think of any reasons that would prevent men from wanting to use condoms?
9. Can you think of any reasons that would prevent women from wanting to use condoms?
10. Do you know what people's opinions on government condoms are?
11. Do you think women would be more likely to use female condoms than male condoms?
12. Do you think raising the age that people start having sex is important in order to reduce the spread of HIV?
 - a. How do you think this could be done?
13. Do you think reducing the number of partners people have is important in reducing the spread of HIV?
 - a. How do you think this could be done?
14. Do you think sugar daddies put women at risk for getting HIV?
15. Have you heard about microbicide gels that women can use to protect themselves from HIV?
 - a. If yes, what do they think about it?
 - b. Where did they hear about it?
16. Have you heard of pre-exposure prophylaxis that women can use to protect themselves against HIV?
 - a. If yes, what do they think about it?
 - b. Where did they hear about it?
17. Is there anything else you want to add about what you think can be done to prevent women from getting HIV?

Appendix 2: IRB Action Form

IRB Action Form

Circle Action Level: AD / <u>Local RE</u> / Full SIT IRB

Cover Sheet for Review of Research with Human Subjects
World Learning, Brattleboro, VT 05301

ACTION TAKEN: Form below for AD/LRB/IRB use only

Name of Student Paige McMahon
 Title of ISP Proposed Research Women's evaluations of current HIV Prevention Strategies in Cato Mana South Africa
 Study Abroad Program -SFH 442 SPRING 16
 Name of academic director John McGladdery
 Names of LRB Members Clive Bruzas (PhD), Frances O'Brien (PhD)

Identifying project number SP16/10

444

Research exempt from federal regulations. Action taken:

approved as submitted approved pending revisions
 requires expedited review requires full IRB review not approved

Research Expedited Review. Action taken:

approved as submitted approved pending revisions
 requires full IRB review not approved

Research requiring Full IRB review. Action taken:

approved as submitted approved pending submission or revisions not approved

[Signature] 6 April 2015
 LRB/IRB Chairperson's Signature Date

[Signature] 6 April 2015
 LRB/IRB Member's Signature Date

Student Name: Paige McMahon

Condition: Submit revised questions to prof Bruzas for approval before commencement

Paige

Appendix 3. Informed Consent Form



SIT Graduate Institute
a program of World Learning

Student name: Paige McMahan

I can read English (Or I cannot read English but the form was translated to me by Bongiwe Mthethwa.

I understand that this project is asking me to speak about HIV prevention strategies.

I understand that my words will be used in a small book that talks about women's evaluations of HIV prevention strategies, and that the book will be put on computers for anyone to see.

If I want to know what words of mine will be put in this book I understand that I can ask the student to inform me by phoning me if I give my cell number.

I understand that my name will not be put in this book and nobody will know it is me who said these things. (Or I want people to know my name and that I said these things)

I understand that I can choose not to answer any question and that will be OK. I can ask for my words to be taken out of the book, but I need to tell the student before April 30th 2016.

I understand that my voice will be recorded but the recording will be thrown away after 1 month. Only the student will be allowed to listen to the recording and to write down what I said.

I understand that I will receive **no gift or payment** for talking with the student.

I have the student's cellphone number it is 0815443554

I understand that if I am worried about this I can call the teacher Zed McGladdery 0846834982.

Participant's Signature _____ Date _____

SIT Study Abroad

School for International Training



Access, Use, and Publication of ISP/FSP

Student Name: Paige McMahon

Email Address: pem59@georgetown.edu

Title of ISP/FSP: Women's views on the challenges and solutions in preventing the gendered spread of HIV in Masxha, Cato Manor

Program and Term/Year: Spring 2016

Student research (Independent Study Project, Field Study Project) is a product of field work and as such students have an obligation to assess both the positive and negative consequences of their field study. Ethical field work, as stipulated in the SIT Policy on Ethics, results in products that are shared with local and academic communities; therefore copies of ISP/FSPs are returned to the sponsoring institutions and the host communities, at the discretion of the institution(s) and/or community involved.

By signing this form, I certify my understanding that:

1. I retain ALL ownership rights of my ISP/FSP project and that I retain the right to use all, or part, of my project in future works.
2. World Learning/SIT Study Abroad may publish the ISP/FSP in the SIT Digital Collections, housed on World Learning's public website.
3. World Learning/SIT Study Abroad may archive, copy, or convert the ISP/FSP for non-commercial use, for preservation purposes, and to ensure future accessibility.
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7. I have sought copyright permission for previously copyrighted content that is included in this ISP/FSP allowing distribution as specified above.

Paige McMahon
Student Signature

May 3rd, 2016
Date
